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FORM PTO-875 (Rev. 8/00)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

		LIIOO			<u> BFSI A</u>	<u>VAII AY</u>		191		
		CLAIMS A	S FILED - Column 1)		ımn 2)	SMALL	ENTITY	OR	OTHER SMALL	
FC	DR	NUMB	ER FILED	NUMBER	EXTRA	RATE	FEE	1	RATE	FEE
BA	SIC FEE						385.00	OR		770.00
TC	TAL CLAIMS	~	minus	20= * 2	3	X\$11=		OR	X\$22=	44
INE	DEPENDENT CI	LAIMS	6 minus	3 = * 3		X40=		OR	280≘	117
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT	. •		+130=		OR	+260=	
¢ lf	the difference	in column 1 is	less than z	ero, enter "0" in o	column 2	TOTAL	<u> </u>	OR	TOTAL	-
	С	LAIMS AS A	AMENDE	O - PART II (Column 2)	(Column 3)	SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
NDW	Total	*.	Minus	**	= '.	X\$11=		OR	X\$22=	
AME	Independent	*	Minus	***	=	X40=		OR	X80=	
-	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT CLAIM	<u></u>	+130=		OR	+260=	
	, , ,					TOTAL	J		TOTAL ADDIT, FEE	
	:	(Column 1)	er og skrig	(Column 2)	(Column 3)	ADDIT. FEE			ADDII. FEE	. •
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**	=	X\$11=	* ` .	OR	X\$22=	
AME	Independent	*	Minus	***	=	X40=		OR	X80=	
3.	FIRST PRESE	NIATION OF M	ULTIPLE DE	PENDENT CLAIM		+130=	- · · · · · · · · · · · · · · · · · · ·	OR	+260=	•
		-		•	:	TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	
	, ,	(Column 1)	•	(Column 2)	(Column 3)	ADDII. FEET			ADDII. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**	=	X\$11=	-	OR	X\$22=	
AME	Independent	*	Minus	***	=	X40=		OR	X80=	
	FIRST PRESE	N FATION OF M	ULTIPLE DEI	PENDENT CLAIM		+130=			+260=	
l						T130-		OR	TZ00=	

TOTAL ADDIT. FEE

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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,								lication or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000									IN CARLET					
	CLAIMC AC EU ED DADT I													
(Column 1) (Column 2)							SMAL TYPE			OR	OTHER SMALL			
то	TAL CLAIMS	MA				RAT	ΓE	FEE	1	RATE	FEE			
FO	R		NUMBER F	NUMBER FILED NUMB		ER EXTRA	BASIC	BASIC FEE		OR	BASIC FEE	7000		
то	TAL CHARGEA	BLE CLAIMS	43 minus 20=		. 73		XS	9=		OR	X\$18=	4114.00		
IND	EPENDENT CL	AIMS	5 minus 3 =)_	X40=		 . 		X80=	160.00		
MU	LTIPLE DEPEN	DENT CLAIM PR	 _	<u></u>	<u>~</u>					OR		100.00		
• #	the difference	in column 1 is l	one then re	ro onto	, "O" in c	ooluma 2	+13			OR	+270=			
11						Olumn 2	тот	AL	•	OR	TOTAL	1284.00		
	CI	LAIMS AS A (Column 1)	MENDED	- PAR Colui)		(Column 3)	SMA	LL	ENTITY	OR	OTHER SMALL E			
0		CLAIMS REMAINING	354	HIGH	EST	PRESENT			ADDI-			ADDI-		
NT	ϵ	AFTER AMENDMENT		PREVIO	OUSLY	EXTRA	RAT	E	TIONAL FEE		RATE	TIONAL		
AMENDMENT	Total .	• 49	Minus	4	13	= 6	X\$ 9)=		OR	X\$18=	108.00		
MEN	Independent	· 6	Minus	•••	5	= /	X40)=		OR	X80=	800		
⋖	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDEN	T CLAIM						070	000		
							+135			OR	+270= TOTAL	1055.5		
ADDIT. FEE										OR	ADDIT. FEE	188,00		
		(Column 1) CLAIMS	a. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	(Colu	mn 2) HEST	(Column 3)	r		ADDI-	1 1		ADDI-		
AMENDMENT	F	REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA	RAT	Έ	TIONAL FEE		RATE	TIONAL FEE		
<u>N</u>	Total	. 55	Minus	4	19	= 4	X\$:	9=		OR	X\$18=	72		
AME	Independent	. 6	Minus		6	=	X40)=		OR	X80=			
L	FIRST PRESE	NTATION OF MI	JLIIPLE DEI	CINDEN	CLAIN	<u> </u>	+13	5=		OR	+270=			
							T(ADDIT.	OTAL FEE		OR	TOTAL ADDIT. FEE	1 / 4		
		(Column 1)		(Colu	ımn 2)	(Column 3)			•					
NTG		CLAIMS REMAINING AFTER	State of the state	NUI PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA	RA ⁻	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	• S	Minus	** (<u>55</u>	=	X\$	9=	1 66	OR	X\$18=	, , , , ,		
MEN	Independent	. 6	Minus	···)	6	=	X40		 	1	V90-	 		
ಠ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	IT CLAIN	A 🗆	^4'	<u></u>	 	OR				
							+13	5=		OR				
• • •	If the "Highest Nu	mn 1 is less than to mber Previously P	aid For" IN TH	IS SPACE	is less th	an 20, enter "20.	ADDIT.	FEE		OR	TOTAL ADDIT. FEE			
""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														

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Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 1996 **CLAIMS AS FILED - PART I** OTHER THAN (Column 1) (Column 2) **SMALL ENTITY** OR **SMALL ENTITY** FOR NUMBER FILED **NUMBER EXTRA** RATE FEE RATE FEE BASIC FEE 385.00 770.00 OR **TOTAL CLAIMS** minus 20 = x\$11=x\$22= OR INDEPENDENT CLAIMS minus 3 = x40 =x80 =OR MULTIPLE DEPENDENT CLAIM PRESENT +130= +260= If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL TOTAL CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3). SMALL ENTITY OR. SMALL ENTITY **CLAIMS** HIGHEST 4 REMAINING NUMBER PRESENT ADDI-ADDI-EN AFTER **PREVIOUSLY** EXTRA. RATE TIONAL-RATE-TIONAL **AMENDMENT** PAID FOR FEE. 1 FEE AMENDM Total Minus x\$11=x\$22=OR Independent Minus. x40 =×80= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130=OR +260= TOTAL TOTAL (Column 1) ADDIT. FEE ADDITAFEE (Column 2) (Column:3) CLAIMS HIGHEST Ø REMAINING NUMBER PRESENT ADDI-ADDI-ENT AFTER RATE PREVIOUSLY TIONAL EXTRA TIONAL AMENDMENT PAID FOR FEE. FEE: Total AMENDM Minus x\$11= OR x\$22= Independent Minus x40 =OR ×80≐ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= OR TOTAL TOTAL OR os (Column 1) ADDIT FEE ADDIT. FEE (Column 2) (Column 3) CLAIMS HIGHEST REMAINING ADDI-NUMBER ADDI PRESENT AFTER TIONAL PREVIOUSLY RATE EXTRA TIONAL RATE AMENDMENT PAID FOR FEE AMENDME FEE . Total Minus 5 x\$11=OR x\$22= Independent Minus x40 =OR x80 =FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= OR +260= If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL OR ADDIT. FEE ADDIT, FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

DATENT ADDI IO ATIO	DESI A		COP	pplication	n or D	ocket Nur	nber
PATENT APPLICATION Effect	on FEE DETERMIN tive October 1, 200		D	08/9	1000	263	
CEAIMS A	SMALL E	ENTITY	OR	OTHER SMALL	R THAN ENTITY		
TOTAL CLAIMS			BATE	FEE		RATE	FEE
FOR	NUMBER FILED N	NUMBER EXTRA	BASIC FE	E 370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS	minus 20= *		X\$ 9=		OR	.X\$18=	
INDEPENDENT CLAIMS	minus 3 = *		X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM P	RESENT		+140=		OF	+280=	1
* If the difference in column 1 is	" in column 2	TOTAL		OR	TOTAL		
CLAIMS AS A	MENDED - PART I		SMALL	ENTITY	OR	OTHER SMALL	
CLAIMS REMAINING AFTER AMENDMENT Total * 53 Independent * 6	HIGHEST NUMBER PREVIOUS PAID FOR	PRESENT LY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total * 53	Minus ** 6	=	X\$ 9=		OR	X\$18=	
Independent * 6	Minus ***	\(\int \)	X42=		OR	X84=	
THE THEOLINATION OF MIC	DETIT LE DEFENDENT CE	AllVI	+140=		OR	+280=	
			TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT: FEE	
(Column 1)	(Column 2				•		
CLAIMS REMAINING AFTER AMENDMENT Total * 5 Independent * 6	HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT LY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total * 5	Minus ** 61	/ = _	X\$ 9=		OR	X\$18=	
Independent * 6 FIRST PRESENTATION OF MU	Minus ***		X42=		OR	X84=	
T. West Miles of Miles	em de del endem de		+140=		OR	+280=	
			TOTAL ADDIT. FEE		OR A	TOTAL DDIT. FEE	
L (Column 1)	(Column 2						
CLAIMS REMAINING AFTER AMENDMENT Total Independent Independent Total	HIGHEST NUMBER PREVIOUSL' PAID FOR	PRESENT Y EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total * 45	Minus ** 6	= —	X\$ 9=		OR	X\$18=	
Independent * 5	Minus * ***	= /	X42=		OR	X84=	
FIRST PRESENTATION OF MU	LIPLE DEPENDENT CLA	AIM	+140=			+280=	
* If the entry in column 1 is less than the ** If the "Highest Number Previously Paid	entry in column 2, write "0" in	1h 001 500 "	TOTAL		OR L	TOTAL	
***If the "Highest Number Previously Paid The "Highest Number Previously Paid	d For" IN THIS SPACE is less	than 3, enter "3."	ADDIT. FEE L		AL	DDIT. FEE L nn 1.	